

# September 2, 2008 Montana Healthcare Programs Notice Physicians, Mid-Level Practitioners, and Pharmacy Providers

### Introducing SmartPA®

Beginning October 6, 2008, Montana Medicaid will begin to implement an automated prior authorization (PA) application called SmartPA<sup>®</sup>. ACS's proprietary electronic PA application should provide immediate adjudication and turnaround for those rules selected for the initial implementation. SmartPA<sup>®</sup> will enhance the Department's prior authorization program by electronically processing the majority of prior authorization requests at the pharmacy with fewer phone calls required from prescribers and pharmacies to the Drug PA Unit.

#### How Does SmartPA® Work?

- The pharmacist submits a participant's prescription to Montana Medicaid or MHSP through the point of sale (POS) system. If the medication requires prior authorization and the claim has not denied for any other edit, the claim is electronically transmitted to SmartPA<sup>®</sup>.
- SmartPA® applies predetermined prior authorization (PA) criteria to the pharmacy drug claim utilizing both medical and drug claims history.
- Claims that meet the predetermined criteria are approved and adjudicated in a real time environment without the need for human intervention.
- If the criteria are not met, the pharmacy provider is sent an electronic message at POS that states "PA required" and the drug claim is denied.

## How to Obtain Prior Authorization Consideration After Denial for "PA Required" at the Pharmacy

If the claim denies for "PA required" and the prescriber or pharmacist wants to pursue a prior authorization, the prescriber or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit Mountain Pacific Quality Health Foundation 3404 Cooney Drive Helena, MT 59602 (406) 443-6002 or (800) 395-7961 (phone) (406) 443-7014 or (800) 294-1350 (fax)

The Drug PA Unit will review and apply the additional information into the POS system to determine if the PA criteria have been met.

ACS P.O. Box 8000 Helena, MT 59604

If the PA is approved, the pharmacy will be able to resubmit the claim through the POS system immediately.

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit.

#### **Contact Information**

For claims questions or additional information, contact the ACS Point of Sale Helpdesk: Toll-free: (800) 365-4944

Visit the Provider Information website:

http://www.mtmedicaid.org